

Survey of States

Written Criteria for Determining which Vaccines to Require for School and/or Childcare Center Entry

Introduction

The Washington State Board of Health (SBOH) has responsibility for making decisions about which vaccines to require for school and/or childcare center entry in Washington state. Many new vaccines for children and young adults are expected to be made available over the next few years. A number of these vaccines will end up on the *ACIP Childhood and Adolescent Recommended Schedule* of vaccines. The board will face complex decisions as to which of these vaccines should be required in Washington State. Factors other than those considered by the ACIP will need to be taken into consideration in order to address the unique needs of our state. It is the belief of SBOH members that approaching this decision using rationale criteria is the best method of protecting the children of our state. However, currently no such criteria exists so the Board is in the process of creating an Advisory Committee. The Advisory Committee will provide recommendations to the Board, to assist it with identifying the best criteria to use in determining which vaccines to require for childcare center and/or school entry.

Study Purpose

The purpose of the study was to identify any states with written criteria for determining which vaccines to require for school and/or childcare center entry. The intent was to ask state immunization program(s) with such criteria to share a copy of it so that those documents could be used as a starting point for developing Washington state criteria.

Study Methods

States other than Washington were contacted a minimum of three times using emails and phone calls. Each state immunization program manager received two emails from Claire Hannan, of the Association of Immunization Managers, which encouraged them to send any written criteria to SBOH staff. In addition, all non-responsive state programs were contacted by SBOH staff at least once with follow up phone call(s).

Study Results

Thirty-five of the 48 states queried (73 percent*) responded to the request. None of the responding states had formal written criteria. However, some states volunteered information on the informal criteria they use to determine which vaccines to require for school and/or childcare entry. These include: presence on the *ACIP Childhood and Adolescent Recommended Schedule of Vaccines*, impact of disease on school or childcare population, public health importance of providing vaccine, availability of a stable supply of the vaccine, payment by insurance companies and HMOs, ability to enforce vaccine requirement (i.e., schools' capacity), vaccine effectiveness, cost of the vaccine, program cost, disease burden in state and around country, number of states that require the vaccine, fit with the VFC program, and storage and handling issues.

Discussion

The lack of written criteria in 2005 was somewhat surprising since an unpublished study* conducted in 2000 indicated that 12 states had specifically defined criteria that must be met for a new vaccine requirement to be adopted. These included: financial criteria (9 states), adequate vaccine supply (5 states), and recommendations from state or national organizations (5 states). The investigators did not retain information about which states

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used which criteria – just counts. However, a brief review of the statutes and administrative rules in all 50 states may explain this discrepancy to a degree. It identified several states with requirements that the list of required vaccines reflect the recommendation of national organizations. New Mexico's statute, for example, requires, "The immunizations required and the manner and frequency of their administration shall conform to the recommendations of the advisory committee on immunization practices of the United States department of health and human services and the American academy of pediatrics." Laws and regulations in a few states contain some kind financial criteria—for instance, one state had language prohibiting a mandate if the state does not make the vaccine available at no cost.

The same study found that the following issues influence state's school immunization requirements: vaccine effectiveness, Vaccines for Children (VFC) coverage, vaccine safety, program cost, disease incidence, vaccine cost, vaccine availability, and vaccine preventable disease (VPD) risk. The informal criteria which were volunteered by 2005 survey respondents does not differ significantly from these lists. However, a few new issues came up such as ability to enforce vaccine requirement (or school capacity), number of states that require the vaccine, and storage and handling issues.

While there is some over lap between the criteria that states use to determine what vaccines should be required for school and/or childcare center entry and those used by the CDC's Advisory Committee on Immunization Practices (ACIP) to develop the recommended childhood immunization schedule, there are also very significant differences. The ACIP conducts annual reviews to ensure it remains current with changes in manufacturers' vaccine formulations, revisions in recommendations for the use of licensed vaccines, and recommendations for newly licensed vaccines. Their process includes (1) a review of the labeling/package inserts for each vaccine; (2) a thorough review of the scientific literature (both published and unpublished, when available) on the safety, efficacy, acceptability, and effectiveness of the immunizing agent, with consideration of the relevance, quality, and quantity of published and unpublished data; (3) an assessment of cost effectiveness; (4) a review of the morbidity and mortality associated with the disease in the population in general and in specific risk groups; (5) a review of the recommendations of other groups; and (6) a consideration of the feasibility of vaccine use in existing child and adult immunization programs. Feasibility issues include (but are not limited to) acceptability to the community, parents, and patients; vaccine distribution and storage; access to vaccine and vaccine administration; impact on the various health care delivery systems; population distribution effects; and social, legal and ethical concerns.

** The District of Columbia was excluded from the response rate calculation since it is not a state. The state of Louisiana was excluded due to a natural disaster which significantly disrupted telephone services. Washington state was not included in the sample since the survey was conducted for the state's use.*

** *Study conducted by Matthew Wisdom, a fellow at the CDC's National Immunization Program, in collaboration with Claire Hannan ASTHO, Bill Gallo, Lance Rodewald MD, and Larry Pickering MD.*